## PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUL, FEE Commissioner for Patients P.O. Box 1450 Alexandria, Virginia 22313-1450 or Pax (5711-273-288)

or <u>Fax</u> (571)-273-2885											
INSTRUCTIONS: This appropriate. All further indicated unless correct maintenance fee notifica	form should be used correspondence includi- ed below or directed of tions.	for trans ig the P nerwise	mitting the ISS atent, advance o in Block I, by (								
CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)  25227 7590 09/25/2007						Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.					
MORRISON & FOERSTER LLP 1650 TYSONS BOULEVARD SUITE 400						Certificate of Mailing or Transmission I hereby certify that is Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facismile transmitted to the USPTO (571) 273-2855, on the date indicated below.					
MCLEAN, VA 22102					(Depositor's name)						
					(Signature)						
						(Date)					
APPLICATION NO.	FILING DATE	FILING DATE			TOR		ATTORNEY DOCKET NO.			CONFIRMATION NO.	
10/537,124	10/537,124 06/02/2005					492322028400 8384					
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APPLN. TYPE	SMALL ENTITY	ITITY ISSUE FEE DU		PUBLICATION FEE D		PREV. PAID ISSUE FE		TOTAL FEE(S) DUE		DATE DUE	
nonprovisional	NO	NO		\$300		\$0		\$1700		12/26/2007	
EXAMINER			ART UNIT	CLASS-SUBCLASS	s						
KEBEDE	2823	257-213000	_								
1. Change of correspond CFR 1.363). Change of correst Address form PTO/S "Fee Address" inc PTO/SB/47; Rev 03-1 Number is required.	Correspondence	2. For printing on the pattent front page, list (1) the names of up to 3 registered pattent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to listed, no name will be printed.  3.									
3. ASSIGNEE NAME A PLEASE NOTE: Un recordation as set for (A) NAME OF ASSI	ND RESIDENCE DAT. less an assignce is ident th in 37 CFR 3.11. Com	ified be oletion o		THE PATENT (print o	r type ne pa g an a	e) tent. If an assign ssignment. and STATE OR (			docu	ment has been filed for	
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Aa. The following fee(s)  The following fee(s)  The following fee(s)  Absume Fee  Absume Publication Fee (1)  Advance Order -	4	the Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)  □ A check is enclosed. □ Payment by credit card. Form PTO-2018 is attached.  □ The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 03—1952									
a. Applicant claim	atus (from status indicate	ıs. See 3	7 CFR 1.27.	☐ b. Applicant is no	long	er claiming SMA	LL EN1	fITY status. See 37 (	CFR :	1.27(g)(2).	
interest as shown by the	nd Publication Fee (if req records of the United Sta	ured) w	III not be accepte nt and Trademark	a from anyone other the Office.	an th	e applicant; a reg	istered a	attorney or agent; or	the as	ssignee or other party in	
Authorized Signature	Date October 25, 2007										
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This collection of inform an application. Confider submitting the complete this form and/or suggest Box 1450, Alexandria,	nation is required by 37 Ontiality is governed by 35 of application form to the tions for reducing this but light a 22313-1450. DO	CFR 1.31 U.S.C. USPTO rden, sho NOT S	1. The information 122 and 37 CFR D. Time will vary ould be sent to the END FEES OR	on is required to obtain 1.14. This collection i depending upon the i c Chief Information O COMPLETED FORM	or re s esti ndivi fficer S TO	etain a benefit by t mated to take 12 dual case. Any co r, U.S. Patent and THIS ADDRESS	he publ minutes omment Tradent S. SENI	ic which is to file (ar to complete, includi s on the amount of t hark Office, U.S. De D TO: Commissioner	ng gr ime y partm	the USPTO to process) athering, preparing, and you require to complete ent of Commerce, P.O. Patents, P.O. Box 1450.	

Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO. Commissioner for Patents, P. Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO. Commissioner for Patents, P. Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.